

JUN 27 2005

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IMPORTANT FAX DOCUMENT

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DATE June 27, 2005
NAME Mail Stop AMENDMENT
COMPANY Examiner Chad Zhong, Art Unit 2152
FAX NUMBER (703) 872-9306

FROM Jason S. Jackson, Esquire
REFERENCE NO. Serial No. 09/632,959
OUR FAX NUMBER 678-420-9301
NUMBER OF PAGES 20

Please see attached.

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JUN 27 2005

ATTORNEY DOCKET NO. 04159.0001U2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Parekh

Application No. 09/632,959

Filing Date: August 4, 2000

For: "DETERMINING GEOGRAPHIC LOCATIONS
OF PRIVATE NETWORK INTERNET USERS"

Art Unit: 2152

Examiner: Zhong, Chad

Confirmation No. 1066

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

June 27, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:
Examiner Chad Zhong, Art Unit 2152, (703) 872-9306, on the date indicated below.

Jason S. Jackson

June 27, 2005

Date

Sir,

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> | Preliminary Amendment | <input checked="" type="checkbox"/> | Petition to Extend Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input checked="" type="checkbox"/> | Other Response to Office Action |


CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	12		0	X \$50.00		\$0.00
Independent Claims	4		0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input checked="" type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$450.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$225.00
TOTAL FEE DUE						\$225.00

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**ATTORNEY DOCKET NO. 04159.0001U2
APPLICATION NO. 09/632,959****Payment:**

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$225.00 for the fees designated below. (Form PTO-2038 enclosed).
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.


Jason S. Jackson
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